
Notice of Independent Review Decision

July 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ESI at C6-C7 on the right

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Physical Medicine/Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute. Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Insurance Company

- Office visits (04/13/12 – 05/31/12)
- Diagnostics (04/20/12 – 05/16/12)
- Peer review (06/14/12)
- ODG guidelines

M.D.

- Office visits (11/15/08 – 05/31/12)

Health Care

- Office visits (05/31/12)
- PLN-11 (06/14/12)
- Peer review (06/14/12)
- Utilization reviews (06/15/12 – 06/29/12)

TDI

- Utilization reviews (06/15/12 – 06/29/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who fell off a tractor on xx/xx/xx. He caught himself with his right arm on a handle and hung there for a minute.

PRE-INJURY RECORDS

On November 15, 2008, M.D., evaluated the patient for neck pain radiating into the posterior shoulder down the arm on the right side with numbness and tingling.

The patient reported that he experienced pain when he was trimming a tree at home and fell down. The next day, his neck was crooked to the right side. He was unable to play golf and reported some numbness in the right arm. Examination revealed minimal weakness in the triceps on the right and positive Spurling's maneuver on the right. Diagnostic studies revealed spondylosis at C6-C7 with foraminal compromise. Dr. diagnosed cervical spondylosis with radiculopathy. He recommended a four-week course of physical therapy (PT) including cervical traction.

POST-INJURY RECORDS

On xx/xx/xx the patient was evaluated att for right shoulder pain. Examination revealed tenderness to the right side of the neck. The evaluator diagnosed right neck and upper back strain and prescribed Naprosyn and Soma.

On April 20, 2012, x-rays of the right shoulder revealed mild hypertrophic/degenerative changes at the acromioclavicular (AC) joint. X-rays of the cervical spine revealed minimal atherosclerotic calcifications within the carotid arteries and anterior osteophyte formation from C4 to C7. The patient was evaluated at and was prescribed Lortab. He was recommended PT.

From April through May, the patient attended six sessions of PT.

On May 14, 2012, the patient was evaluated at. He reported that the shoulder was better. He had completed PT. Examination revealed minimal right shoulder tenderness. The evaluator recommended over-the-counter (OTC) Motrin and ordered magnetic resonance imaging (MRI) of the cervical spine.

MRI of the cervical spine revealed 2-mm central protrusions at C2-C3 and C3-C4 and minimal angular bulge at C6-C7.

On May 21, 2012, the patient was evaluated at. He reported that he aggravated his complaints while cutting trees at home. The evaluator administered Depo-Medrol injection, referred the patient to a neurosurgeon for evaluation and released the patient to light duty work.

On May 31, 2012, the patient was evaluated at by, NP-C, for posterior neck pain radiating into the right shoulder. The patient reported an increase in pain with movement of the head particularly with forward flexion. He also reported that his job activities aggravated his pain and he had difficulty sleeping. History was positive for asthma, blood transfusion, kidney cancer and kidney removal, hypertension and appendectomy. Examination revealed some minor weakness into the triceps area to the right upper extremity. The patient was diagnosed with cervical pain with radiculopathy. Ms. noted that the patient had only minimal improvement with multiple sessions of PT. She recommended OTC nonsteroidal anti-inflammatory drugs (NSAIDs) including Aleve and ibuprofen and recommended epidural steroid injection (ESI) at C6-C7 focused to the right side.

On June 14, 2012, M.D., performed a peer review and rendered the following opinions: (1) Right cervical strain and right shoulder sprain were related to the injury and the findings on the cervical MRI were incidental in nature. (2) Per ODG, no further treatment was reasonable, warranted, necessary or appropriate after May 21, 2012. (3) The injury had resolved as of May 21, 2012.

Per PLN-11 dated June 14, 2012, the carrier has accepted right cervical strain and right shoulder sprain of xx/xx/xx, as compensable. The carrier has

denied that the injury includes or extends to include protrusion at C2-C3 and C3-C4, minimal annular bulge at C5-C7 and right cervical radiculopathy.

Per utilization review dated June 15, 2012, the request for ESI at C6-C7 on the right was denied with the following rationale: *"Per medical record of May 31, 2012, patient presents with posterior neck pain radiating to the right shoulder, difficulty sleeping. Physical examination revealed weakness in right triceps (4/5/5) and decreased right triceps reflex (1+). Reported MRI (05/15/12) revealed 2-mm central protrusion at C2-C3 and C3-C4, minimal annular bulge at C6-C7 with no foraminal narrowing throughout. No compressive lesions are described at any level (report not available for review). Treatment to date includes activity modification, medication, physical therapy (unknown number of sessions). However, there is no (clear) documentation of additional findings of radiculopathy (an imaging study or electrodiagnostic study documenting correlating concordant nerve root pathology). Therefore, the medical necessity of the request has not been substantiated."*

Per reconsideration review dated June 29, 2012, the appeal for ESI at C6-C7 on the right was denied with the following rationale: *"This patient does display radiculopathy during a physical examination, but there is no evidence in the medical records submitted as to whether or not the patient has had any imaging or electrodiagnostic studies that would corroborate this. Also, there is no mention of a trial of conservative treatment such as the use of appropriate medications and/or physical therapy sessions that would progress to a home exercise program. The record does indicate that the patient was able to recover from his initial injury with good results by using conservative treatment of medications and physical therapy sessions. The records also reflect that the patient reinjured himself by pushing an object out of his delivery, by cutting down trees and by moving furniture. Due to the fact that the patient had such excellent results from previous conservative treatment, it might be more appropriate that the patient receive a trial of appropriate medications along with physical therapy sessions to improve his cervical pain. Therefore, the request for an epidural steroid injection of the cervical spine at C6-C7 is non-certified."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The physical exam demonstrates a clear impression of cervical radiculopathy, with motor, sensory, and reflex changes. The cervical epidural steroid injection is within ODG guidelines and is medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**